

CLAIMS ONLY							Application Number <u>091489937</u>		Filing Date		
							Applicant(s)				
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
		Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1		/						51			
2		/						52			
3		/						53			
4		/						54			
5		/						55			
6		/						56			
7		/						57			
8		/						58			
9		/						59			
10		/						60			
11		/						61			
12		/						62			
13		/						63			
14		/						64			
15		/						65			
16		/						66			
17		/						67			
18		/						68			
19		/						69			
20		/						70			
21		/						71			
22		/						72			
23		/						73			
24		/						74			
25		/						75			
26		/						76			
27		/						77			
28		/						78			
29		/						79			
30		/						80			
31		/						81			
32		/						82			
33		/						83			
34		/						84			
35		/						85			
36		/						86			
37		/						87			
38								88			
39								89			
40								90			
41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
Total Indep		9						Total Indep			
Total Depend		28						Total Depend			
Total Claims		37						Total Claims			